

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90161 002 \*\*\*150.00

04/7/025 AV

**DOCUMENT # P99000101208**

1. Entity Name  
**HARRY B. KNIGHTS, INC.**



Principal Place of Business  
**3820 GULF BOULEVARD, #208  
ST. PETE BEACH FL 33706**

Mailing Address  
**3820 GULF BOULEVARD, #208  
ST. PETE BEACH FL 33706**

*new*  
2. Principal Place of Business  
**6363 99th Way N. 12A**

3. Mailing Address  
**ST. PETE FL. 33708**

Suite, Apt. #, etc.  
**12A**

Suite, Apt. #, etc.  
**SAME**

City & State  
**St. Petersburg FL**

City & State  
**SAME**

Zip  
**33708**

Country  
**Pinellas**

Zip

Country



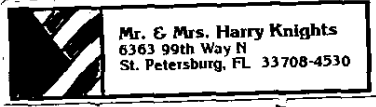
CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3604011** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KNIGHTS, HARRY B III  
3820 GULF BOULEVARD, #208  
ST. PETE BEACH FL 33706**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code



8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.

SIGNATURE *Harry B. Knights* DATE **4/10/03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PTD</b><br><b>KNIGHTS, HARRY B III</b><br><b>3820 GULF BOULEVARD, #208</b><br><b>ST. PETE BEACH FL 33706</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Mr. &amp; Mrs. Harry Knights</b><br><b>6363 99th Way N</b><br><b>St. Petersburg, FL 33708-4530</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSD</b><br><b>KNIGHTS, CHRISTINE A</b><br><b>3820 GULF BOULEVARD, #208</b><br><b>ST. PETE BEACH FL 33706</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Mr. &amp; Mrs. Harry Knights</b><br><b>6363 99th Way N</b><br><b>St. Petersburg, FL 33708-4530</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harry B. Knights* DATE **4/10/03** DAYTIME PHONE # **397 5244**

CR2E034 (10/02)